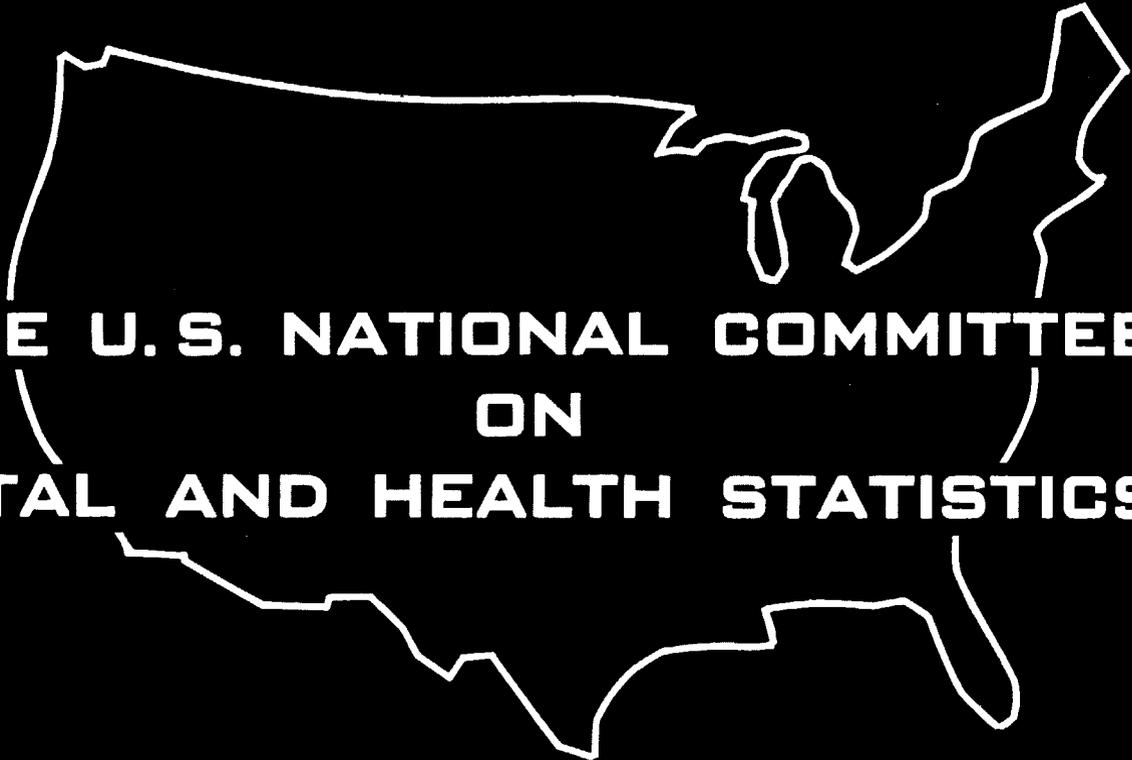


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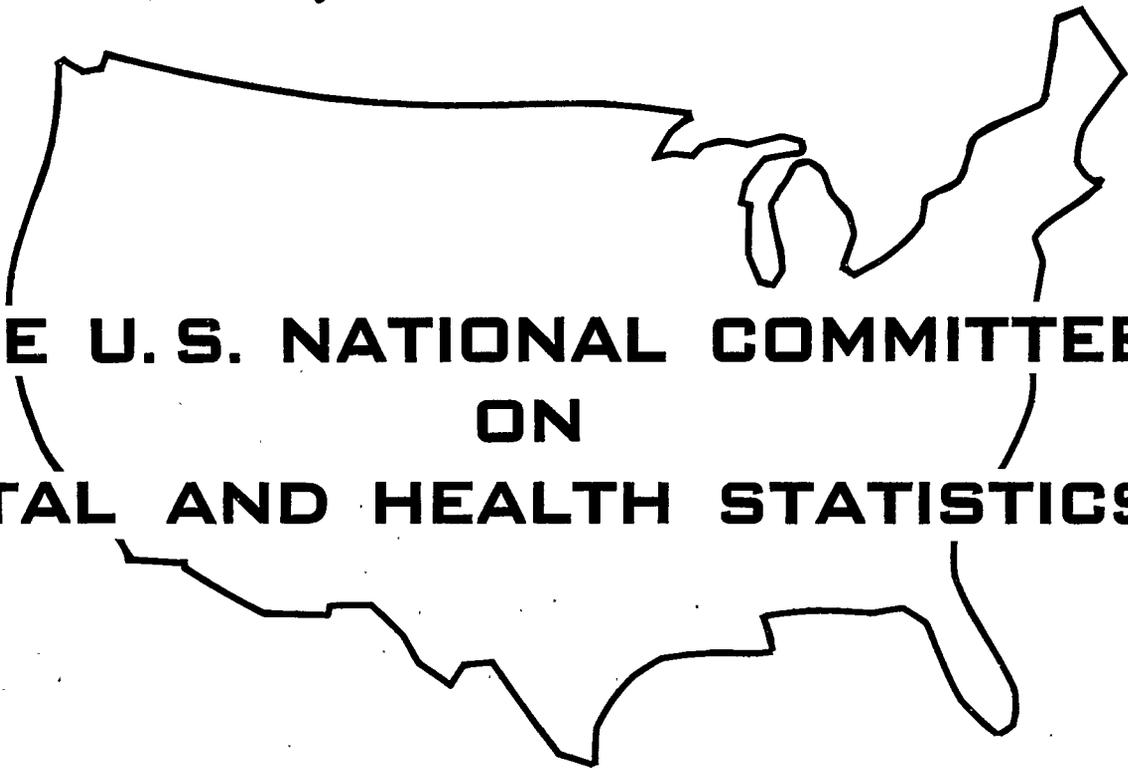


**THE U. S. NATIONAL COMMITTEE
ON
VITAL AND HEALTH STATISTICS**

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

fiscal year 1967

annual report of

A simple black outline map of the United States, including Alaska and Hawaii, is centered on the page. The text of the title is superimposed on the map.

**THE U. S. NATIONAL COMMITTEE
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HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

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Members of the Committee

Robert Dyar, M.D., Chief, Division of Research, State Department of Public Health, Berkeley, Calif. *Chairman*

I. M. Moriyama, Ph.D., Director, Office of Health Statistics Analysis, National Center for Health Statistics, Public Health Service, Washington, D.C.* *Executive Secretary*

Robert L. Berg, M.D., Professor and Chairman, Department of Preventive Medicine and Community Health, The University of Rochester, Rochester, N.Y.

Donald J. Davids, Chief, Records and Statistics Section, Colorado State Department of Public Health, Denver, Colo.

William M. Haenszel, Chief, Biometry Branch, National Cancer Institute, National Institutes of Health, Public Health Service, Bethesda, Md.*

Clyde V. Kiser, Ph.D., Senior Member, Technical Staff, Milbank Memorial Fund, New York, N.Y.

Everett S. Lee, Ph.D., Head of the Department of Sociology and Anthropology, University of Massachusetts, Amherst, Mass.

Forrest E. Linder, Ph.D., Director, National Center for Health Statistics, Public Health Service, Washington, D.C.* *Ex officio*

Walter J. McNerney, President, Blue Cross Association, Chicago, Ill.

John R. Philp, M.D., Director of Health, Kansas City Health Department, Kansas City, Mo.

Jacob Yerushalmy, Ph.D., Professor of Biostatistics, School of Public Health, University of California, Berkeley, Calif.

*Department of Health, Education, and Welfare.

The U.S. National Committee on Vital and Health Statistics, an advisory committee to the Surgeon General of the Public Health Service, was created at the request of the Department of State in accordance with recommendations of the First World Health Assembly. The major objectives of the National Committee are to advise the Surgeon General on matters relating to vital statistics and to promote and secure technical developments in the field of vital and health statistics.

Specifically, the functions of the U.S. National Committee on Vital and Health Statistics are to:

- a. Delineate statistical problems of public health importance which are of national or international interest;
- b. Stimulate studies of such problems by other organizations and agencies whenever possible, or make investigations of such problems through subcommittees appointed for the purpose;
- c. Review findings submitted by other organizations and agencies, or by its subcommittees, and make recommendations for national and/or international adoption;
- d. Cooperate with and advise other organizations on matters relating to vital and health statistics in the United States especially with reference to definitions, statistical standards, and problems of measurement;
- e. Advise the Surgeon General on problems relating to vital and health statistics of national and international concern; and
- f. Cooperate with national committees of other countries, and with the World Health Organization and other international agencies, in the study of problems of mutual interest.

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NATIONAL CENTER FOR HEALTH STATISTICS

CONTENTS

Activities during fiscal year 1967	2
Military Health Statistics	4
Classification of Physical Impairments	4
Statistics of Indian Health	6
Use of Vital and Health Statistics in Epidemiologic Research	10
Epidemiologic Use of Hospital Data	14
Migration and Health Statistics	18
Population Dynamics	20
Health Resources and Services	22
Listing of reports of the U.S. National Committee	24

Activities During Fiscal Year 1967

The U.S. National Committee on Vital and Health Statistics received drafts of final reports from two subcommittees. The report of the Subcommittee on the Use of Vital and Health Statistics for Epidemiologic Research dealing with study of and recommendations for using existing sources of vital and health statistics for epidemiologic research was approved for publication with suggestions for some revision. The report of the Subcommittee on the Epidemiologic Use of Hospital Data will be edited for publication. This report recommends the possible uses of diagnostic and other data on patients such as statistics needed for epidemiologic research, for medical-care research, and for studies of current therapeutic practices and health surveillance.

The National Committee reviewed progress reports of two other active subcommittees. The Subcommittee on Migration and Health Statistics is preparing an outline dealing with the study of adequacy of measures of migration, classification of migrants, migration histories, and recommendations for needed improvements for providing data related to vital and health statistics. The Subcommittee on Indian Health is now preparing a report which will offer recommendations on statistics needed to delineate major health problems and to provide effective health service for the Indian population.

The Committee requested and received approval from the Surgeon General to establish two new subcommittees. (1) The Subcommittee on Population Dynamics will consider population dynamics in relation to geographic, demographic, biological, and socioeconomic variables and will

be responsible for preparing a report on types of studies needed in the field of population dynamics, types of data needed to yield such studies, and suggestions as to how such data might best be collected. (2) The Subcommittee on Health Resources and Services will consider ways of gathering information on facility resources, the utilization of services, medical expenditures by and on behalf of consumers, and quality of care, and will suggest studies and methods to be used in them.

In the medical or health economics area, the Committee agreed that further study was needed on: (1) reexamination of medical economics leading to a possible updating of the report of the Subcommittee on Health Economics, (2) analysis of program costs and resultant benefits, (3) relation of health status to economic growth, (4) provision of adequate health services for the disadvantaged, (5) methodological problems of measuring need for services, with possible translation of morbidity statistics into recognized needs, and (6) effectiveness of health programs. The Committee recognized also the need for further exploration of the study of health statistics for prematurity and for infectious disease reporting. Expert consultants will be invited to discuss study areas at future Committee meetings.

The functions and policies of the U.S. National Committee on Vital and Health Statistics were rewritten to update necessary changes.

A proposed guide for subcommittee procedures was approved.

The Committee agreed unanimously to cosponsor with the National Center for Health Statistics a conference on graduate training for statisticians.

Subcommittee—Military Health Statistics

Appointed —September 1949

Members —Eugene L. Hamilton, Director, Medical Statistics Agency, Office of the Surgeon General, Department of the Army, Washington, D.C. *Chairman*

H. M. C. Luykx, Sc.D., Chief, Biometrics Division, Office of the Surgeon General, Department of the Air Force, Washington, D.C.

Subcommittee—Classification of Physical Impairments

Appointed —February 1951

Members —Eugene L. Hamilton, Director, Medical Statistics Agency, Office of the Surgeon General, Department of the Army, Washington, D.C. *Chairman*

Louise E. Bollo, Nosologist, Division of Data Processing, National Center for Health Statistics, Public Health Service, Washington, D.C.*

Henry H. Kessler, M.D., Newark, N.J.

Aaron Krute, Chief, Health Statistics Branch, Social Security Administration, Baltimore, Md.*

Marjorie E. Moore, Ph.D., Research Program Analyst, Division of Research Grants and Demonstrations, Vocational Rehabilitation Administration, Washington, D.C.*

Maya Rivière, D.Phil. (Oxon), Executive Director, Rehabilitation Codes, Inc., New York, N.Y.

Barkev S. Sanders, Ph.D.,¹ Consultant, Welfare and Retirement Fund, United Mine Workers of America, Washington, D.C.

*Department of Health, Education, and Welfare.

Military Health Statistics

The Subcommittee on Military Health Statistics was established to work on problems of national and international importance in which the Armed Forces were interested or able to make contributions. The subcommittee's "Proposed Adaptation of the E-Code of the International Classification of Diseases to the Needs of Armed Forces" was circulated by the World Health Organization but has not resulted in proposals for changes or modifications in the draft code.

The subcommittee is on standby status.

Classification of Physical Impairments

The assignment of the Subcommittee on the Classification of Physical Impairments was to examine current practices in coding physical impairments and to determine the type of classification needed for statistical studies of data from hospitals, clinics, disability plans, and public health programs. A coding system for physical and mental impairments was proposed by the subcommittee in 1955. In 1959 the subcommittee suspended further activity while various organizations were developing and reviewing the classification systems. Several members of the subcommittee have been actively engaged in these activities.

Subcommittee—Statistics of Indian Health

Appointed —January 1965

Members —Frank R. Lemon, M.D.,² 24321 Lawton Avenue, Loma Linda, Calif. *Chairman*

Robert A. Hackenberg, Ph.D.,³ Associate Professor and Program Director, Institute of Behavioral Science, Department of Anthropology, University of Colorado, Boulder, Colo.

Denis F. Johnston, Ph.D., Division of Labor Force Studies, Bureau of Labor Statistics, Department of Labor, Washington, D.C. (On leave 1966-67)

Enrico Leopardi, M.D.,⁴ Division of Indian Health, Public Health Service, Tucson, Ariz.*

*Department of Health, Education, and Welfare.

Leah Resnick,⁵ Division of Regional Medical Programs, National Institutes of Health, Public Health Service, Bethesda, Md.*

Roderick H. Riley, Ph.D., Assistant to the Commissioner, Bureau of Indian Affairs, Department of the Interior, Washington, D.C.

Margaret Shackelford, Associate Professor, Department of Preventive Medicine and Public Health, University of Oklahoma Medical Center, Oklahoma City, Okla.

Cecil Slome, M.B., Ch.B., Dr.P.H., Associate Professor, Department of Epidemiology, School of Public Health, University of North Carolina, Chapel Hill, N.C.

*Department of Health, Education, and Welfare.

Statistics of Indian Health

The subcommittee is concerned with the scope and nature of statistics needed to define the health problems of the American Indian and the Alaska Native, and the statistics needed as a basis to study their health, disease, and social experience and to provide effective services for them.

The subcommittee noted that valuable data for the Indian health program might be obtained if census procedures were modified. Suggested modifications of the 1970 census included (1) rearranging the census district boundaries where possible to fit the reservation and local county-state boundaries, (2) changing the basic census schedule to permit statement of tribal and reservation affiliation, and (3) planning a supplementary census schedule for the Indians.

A population register appears to be the best solution for obtaining improved health statistics for administrative and research purposes and should be initiated for the Navajo tribe. The Systems Analysis Module

located in the Papago Service Unit near Tucson is developing a demographic system that can tie into the population register and provide information on health status. The subcommittee recommends the development of a new core for Indian statistics with improvement of present forms of Indian health data as follows. Ultimately an Indian population register system should be continuously maintained to be integrated with continuing health related data. Indian census data should be expanded through enumeration of Indians by tribe and reservation in the census and through a special postcensal questionnaire schedule for all Indians. Present mechanisms should be improved for handling vital events and clinical data from all sources. Sampling surveys of undetected health parameters, specifically designed for integration into the basic register system, should be set up. Finally, present efforts should be expanded in order to acquire environmental, sociological, and other data relative to community characteristics.

The subcommittee is preparing its final report to the National Committee.

**Subcommittee—Use of Vital and Health Statistics
in Epidemiologic Research**

Appointed —March 1965

Members —Brian MacMahon, M.D., Professor, Department of Epidemiology, Harvard School of Public Health, Boston, Mass. *Chairman*

John Cassel, M.B., Ch.B., M.P.H., Professor, Department of Epidemiology, University of North Carolina, Chapel Hill, N.C.

Carl L. Erhardt, Sc.D.,⁶ Director, Health Intelligence Statistics, The City of New York Health Service Administration, New York, N.Y.

Elmer A. Gardner, M.D.,⁷ Director, Community Mental Health Center, Health Sciences Center, Temple University, Philadelphia, Pa.

Lillian Guralnick, M.Sc.,⁸ Social Science Research Analyst, Division of Health Insurance Studies, Social Security Administration, Washington, D.C. *Secretary*

Robert W. Miller, M.D., Chief, Epidemiology Branch, National Cancer Institute, National Institutes of Health, Public Health Service, Bethesda, Md.*

Donald L. Rucknagel, M.D., Department of Human Genetics, University of Michigan Medical School, Ann Arbor, Mich.

Colin White, M.D., Professor of Biometry, Department of Epidemiology and Public Health, School of Medicine, Yale University, New Haven, Conn.

*Department of Health, Education, and Welfare.

Use of Vital and Health Statistics in Epidemiologic Research

The Subcommittee on the Use of Vital and Health Statistics in Epidemiologic Research completed its assignment which was to study and make recommendations on using existing sources of vital and health statistics and on developing new data for epidemiologic studies.

In a final report, which will be published, the recommendations were as follows.

(1) Linkage of various vital and health records should continue to be explored as a high priority research area, to identify which linkages are likely to be most profitable and which methods most efficient.

(2) The Social Security number should be accepted as the most practical numerical identification of individuals, and incorporated into all vital and health records. Where possible, the Social Security number should become the actual identification number for the specific record of the individual. Hospitals should be asked to consider this last possibility.

(3) NCHS, representatives of State Health Departments, and the Social Security Administration should explore the possibility of assigning a Social Security number to an individual at birth. This recommendation supposes that the Social Security Administration is itself not already considering the use of a birth numbering system for its own purposes.

(4) Social Security numbers of parents should be added to the certificates of live birth and fetal death.

(5) Because of the great epidemiologic usefulness of a National Death Index, NCHS should explore with some urgency the technical problems involved in the establishment of such a resource. Apart from estimates of cost and the extent to which this would be mitigated by commercial use, there is need for information on the amount and nature of the information required to identify decedents, and the computer technology most appropriate to such an extensive operation. It should be stressed that an index is meant, not a repository for the death certificates themselves.

(6) A document should be prepared and published for the assistance of investigators in follow-up studies, along the lines of that prepared for their own staff by the Division of Radiological Health. Sources of follow-up, legal bases, usual procedures, and costs should be included.

(7) The basis for inclusion of pathologic conditions on the death certificate may need to be extended beyond the present restriction to conditions presumed to have contributed to the death. Information might be sought on all significant conditions present at the time of death, or of which significant residua are present at the time of death. The best way of obtaining this information should be sought in follow-back studies based on current certificates in preparation for the next revision of the standard certificates.

(8) Efforts should be made to extend, improve, and utilize information on congenital malformations reported on vital records, particularly the birth certificate.

(9) Consideration should be given to the possibility of examination of a national sample of newborn infants (including fetal deaths) as one of the cycles of the Health Examination Survey.

Subcommittee—Epidemiologic Use of Hospital Data

Appointed —May 1965

Members —Paul M. Densen, Sc.D.,⁹ Deputy Administrator, The City of New York Health Services Administration, New York, N.Y.
Chairman

Jacob E. Bearman, Ph.D., Professor, Biometry Division, School of Public Health, College of Medical Sciences, University of Minnesota, Minneapolis, Minn.

Alexander D. Langmuir, M.D., Chief, Epidemiology Branch, National Communicable Disease Center, Bureau of Disease Prevention and Environmental Control, Public Health Service, Atlanta, Ga.*

Alfonse T. Masi, M.D., Dr.P.H., Assistant Professor, Department of Epidemiology, School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, Md.

*Department of Health, Education, and Welfare.

Robert W. Miller, M.D., Chief, Epidemiology Branch, National Cancer Institute, National Institutes of Health, Public Health Service, Bethesda, Md.*

Robert M. Sigmund, Executive Director, Hospital Planning Association of Allegheny County, Pittsburgh, Pa.

Vergil N. Slee, M.D., Director, Commission on Professional and Hospital Activities, Ann Arbor, Mich.

Paul F. Wehrle, M.D., Chief Physician, Pediatrics and Communicable Disease Services, Los Angeles County General Hospital, Los Angeles, Calif.

Warren Winkelstein, Jr., M.D., Professor, Department of Preventive Medicine, School of Medicine, Health Sciences Center, State University of New York at Buffalo, Buffalo, N.Y. *Secretary*

*Department of Health, Education, and Welfare.

Epidemiologic Use of Hospital Data

The Subcommittee on the Epidemiologic Use of Hospital Data has completed its assignment of examining and making recommendations on the possible important uses of diagnostic and other data on hospital patients (covering both inpatient and outpatient services) such as statistics needed for epidemiological research, medical-care research, studies of current therapeutic practices, and health surveillance studies.

In its final report to the National Committee, the subcommittee concluded that diagnostic data derived from hospital records may serve in testing epidemiologic hypotheses, in epidemiologic surveillance, and in medical-care research. In order to improve the usefulness of hospital data for these purposes, the subcommittee recommended that (1) health agencies should consider establishing and supporting hospital epidemiologists at medical centers; (2) The National Communicable Disease Center should be responsible for exploring the area of health surveillance, giving particular attention to those diagnoses valuable to health officers in controlling communicable disease; and (3) hospital and medical centers should be urged to use unit numbers for all patients. The same number should be used whether the patient is an inpatient or an outpatient. Where appropriate, computer techniques should be emphasized in studying hospital data.

An orderly system for surveying the data must be developed in order to maintain its usefulness in showing unexpected changes and long-term trends. Data to be monitored should include not only diagnosis, but age, sex, etiology, and other items. A few modifications in procedures could result in greater use of hospital data in epidemiologic studies. These modifications include adoption by all hospitals of a standard minimum admission questionnaire and diagnostic procedures, and standardization of certain laboratory and diagnostic procedures along the lines of the Lipid Standardization Program of the Heart Disease Control Program.

The report is now being edited for publication.

Subcommittee—Migration and Health Statistics

Appointed —May 1966

Members —Irene B. Taeuber, Ph.D., Senior Research Demographer, Office of Population Research, Princeton University, Princeton, N.J.
Chairman

William R. Gaffey, Ph.D., Statistical Consultant, Division of Research, California State Department of Public Health, Berkeley, Calif.

Robert D. Grove, Ph.D., Director, Division of Vital Statistics, National Center for Health Statistics, Public Health Service, Washington, D.C.*

William M. Haenszel, Chief, Biometry Branch, National Cancer Institute, National Institutes of Health, Public Health Service, Bethesda, Md.*

Everett S. Lee, Ph.D., Professor of Sociology, University of Massachusetts, Amherst, Mass.

Mindel C. Sheps, M.D., M.P.H., Professor of Biostatistics, School of Public Health and Administrative Medicine of Columbia University, New York, N.Y. *Secretary*

Henry S. Shryock, Jr., Ph.D., Assistant Chief, Population Division, Bureau of the Census, Department of Commerce, Washington, D.C.

Karl E. Taeuber, Ph.D., Professor, Department of Sociology, The University of Wisconsin, Madison, Wis.

*Department of Health, Education, and Welfare.

Migration and Health Statistics

The Subcommittee on Migration and Health Statistics was appointed to explore the reciprocal relations of migration, health, and vital events. The subcommittee has been concerned with (1) the adequacy of measures of migration, the definitions involved, and the techniques for procuring needed data; (2) appropriate criteria for classifying migrants for the purposes of both population growth and health; and (3) the types of data that would be desirable for studying interrelationships between migration and statistics of vital events and health.

The subcommittee reviewed new health and migration questions, analytical possibilities in existing data, and studies and problems of definition and tabulation in the 1970 census. Three questions relating to health, place of residence 1 year prior to the census date, and—for those who had changed residence—reasons for moving were recommended to the Bureau of the Census to be included in the 1968 sample household survey or the 2.5 percent sample of the 1970 population census.

The subcommittee has been particularly interested in stability and migration in health and vital statistics contexts; health problems in migrant groups; and health as a stimulant or deterrent of migration and adjustment.

A preliminary outline for the report to the National Committee has been reviewed. Major sections are the interrelation of migration and health statistics; the problems of numerators and denominators for vital rates, concepts, definitions, and methods of study of migration; general recommendations for statistics from census schedules and vital records; and recommendations for the period of the 1970 census.

Subcommittee—Population Dynamics

Appointed —June 1967

Members —Clyde V. Kiser, Ph.D., Senior Member, Technical Staff, Milbank Memorial Fund, New York, N.Y. *Chairman*

Donald J. Bogue, Ph.D., Director, Community and Family Study Center, University of Chicago, Chicago, Ill.

Arthur A. Campbell, Chief, Natality Statistics Branch, Division of Vital Statistics, National Center for Health Statistics, Public Health Service, Washington, D.C.* *Secretary*

Leslie Corsa, Jr., M.D., Director, Center for Population Planning, School of Public Health, University of Michigan, Ann Arbor, Mich.

Oscar Harkavy, Ph.D., Director, Population Program, Ford Foundation, New York, N.Y.

Robert Parke, Jr., Bureau of the Census, Department of Commerce, Washington, D.C.

Robert G. Potter, Jr., Ph.D., Professor, Department of Sociology and Anthropology, Brown University, Providence, R.I.

*Department of Health, Education, and Welfare.

Population Dynamics

The Subcommittee on Population Dynamics has been asked to report on types of studies needed in the field of population dynamics, the specific types of data needed to yield such studies, and suggestions as to how such data might best be collected.

The first meeting of the subcommittee will be scheduled for late 1967.

Subcommittee on Health Resources and Services

The Surgeon General approved the establishment of the Subcommittee on Health Resources and Services at the request of the National Committee. This subcommittee will determine needed information on health resources and services on a regional and national basis and will recommend continuing and special studies, including those on quality and effectiveness of health care, and methods to be used in conducting these studies.

The first meeting of the subcommittee will be called in late 1967.

Footnotes

1. Dr. Sanders was formerly Chief, Community Research in Public Health Practice, Public Health Service, Washington, D.C.*

2. When appointed, Dr. Lemon was Associate Professor, Preventive Medicine and Public Health, School of Medicine, Loma Linda University, Loma Linda, Calif.

3. Until September 1, 1966, Dr. Hackenberg was with the Biometry Branch, National Cancer Institute, Bureau of Ethnic Research, Department of Anthropology, University of Arizona, Tucson, Ariz.

4. Until June 26, 1966, Dr. Leopardi was Deputy Director, Alaska Native Health Area Office, Public Health Service, Anchorage, Alaska.*

5. Until July 3, 1966, Miss Resnick was Chief of the Program Analysis and Statistics Branch, Division of Indian Health, Public Health Service, Washington, D.C.*

6. Until July 1, 1966, Dr. Erhardt was Associate Director, Office of Research, City of New York Department of Health.

7. When appointed to the subcommittee, Dr. Gardner was Assistant Professor and Director, Division of Preventive Psychiatry, University of Rochester School of Medicine and Dentistry, Rochester, N.Y.

8. When appointed to the subcommittee, Miss Guralnick was a Statistician, Office of Health Statistics Analysis, National Center for Health Statistics, Public Health Service, Washington, D.C.*

9. Until July 1, 1966, Dr. Densen was Deputy Commissioner and Director, Office of Research, City of New York Department of Health.

*Department of Health, Education, and Welfare.

Reports of the

UNITED STATES NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

United States National Committee on Vital and Health Statistics, October 1949

International Recommendations on Definitions of Live Birth and Fetal Death, Public Health Service Publication No. 39, 1950

The First Annual Report of the United States National Committee on Vital and Health Statistics, Fiscal Year Ending June 30, 1950, Public Health Service Publication No. 40, 1950

"Statistics Needed Concerning Fertility," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 33, No. 11, 1952

"Major Problems in Fetal Mortality," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 33, No. 13, 1952

Proposal for Collection of Data on Illness and Impairments: United States, Public Health Service Publication No. 333, 1953

"Using Hospital Morbidity Data to Study Morbidity in Communities," *Hospitals*, Vol. 27, No. 9, 1953

"Recommendations for the Improvement of Fetal Death Statistics," *Public Health Reports*, Vol. 70, No. 11, 1955

"Progress in Development of Fertility Statistics and Population Estimates," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 39, No. 8, 1956

"Fertility Studies Based on Data for the 1960 Census Period," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 47, No. 5, 1959

Medical Certification of Medicolegal Cases, Public Health Service Publication No. 810, 1960

"Improving National Divorce Statistics," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 47, No. 13, 1962

United States Statistics on Medical Economics, Public Health Service Publication No. 1125, 1964

Fertility Measurement, Public Health Service Publication No. 1000—Series 4—No. 1, September 1965

National Vital Statistics Needs, Public Health Service Publication No. 1000—Series 4—No. 2, September 1965*

Report of the Fifteenth Anniversary Conference of the United States National Committee on Vital and Health Statistics, Public Health Service Publication No. 1000—Series 4—No. 4, June 1966

History of the United States National Committee on Vital and Health Statistics, 1949-1964, Public Health Service Publication No. 1000—Series 4—No. 5, June 1966

Annual Report of the United States National Committee on Vital and Health Statistics, Fiscal Year Ending June 30

1956	1959	1962	1965
1957	1960	1963	1966
1958	1961	1964	

*Reprint of *Vital Statistics—Special Reports*, Vol. 45, No. 11, July 17, 1957.

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